



# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

**JOHN W. OXENDINE**  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
INDUSTRIAL LOAN COMMISSIONER  
COMPTROLLER GENERAL

SEVENTH FLOOR, WEST TOWER  
FLOYD BUILDING  
2 MARTIN LUTHER KING, JR., DRIVE  
ATLANTA, GEORGIA 30334  
(404) 656-2056 TDD#(404)656-4031  
[www.gainsurance.org](http://www.gainsurance.org)

## BIOGRAPHICAL QUESTIONNAIRE FOR PREPAID LEGAL SERVICES SPONSOR

1. Sponsor Name: \_\_\_\_\_
2. Type of business organization: (Corporation, Partnership, Sole Proprietorship, other)  
\_\_\_\_\_
3. Individual's Name completing this form: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
4. Office Held: \_\_\_\_\_
5. Current Residential Address: \_\_\_\_\_
6. Current Business Address: \_\_\_\_\_
7. Residential addresses for the past five (5) years:  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_  
(d) \_\_\_\_\_  
(e) \_\_\_\_\_
8. Education (beyond secondary schools):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Employment History: (In reverse chronological order; show dates of employment, name and address of company, position held and duties)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List any other companies which you now serve, or within the past five (5) years have served, as either an officer or director (list company, position and dates).

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11. Have you EVER been charged with a criminal violation (other than a minor traffic offense) at any time? \_\_\_\_\_ If yes, provide complete details and certified court records: \_\_\_\_\_

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12. Have you ever held any other license (except a drivers license)? \_\_\_\_\_ If yes, provide details as to any such license which was ever suspended, revoked or renewal refused: \_\_\_\_\_

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13. **Have you been charged by ANY regulatory agency (including state bars or other attorney regulatory agency), City, County, State or Federal, with having violated any laws, rules or regulations?** \_\_\_\_\_

**Has any company with which you have been affiliated been so charged, either allegedly or otherwise, as a result of any action or conduct on your part?** \_\_\_\_\_

If yes, as to either, submit full details and certified court records: \_\_\_\_\_

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\_\_\_\_\_, \_\_\_\_\_  
(Date) Signature

EXECUTED in the presence of \_\_\_\_\_  
(Notary Public or other qualified Officer)

of \_\_\_\_\_ in the State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,  
(County)

(SEAL)

\_\_\_\_\_  
Commission Expiration Date